Updated COVID Advice from BAOMS and ENT UK for our surgical teams

P Magennis – Chair BAOMS, Nirmal Kumar – President of ENT UK Created 13 April 2020 (updated)

PARA – PPE, Avoid, Restrict, Abbreviate.

This updated document does not change the key messages of our previous advice. The emphasis is slightly different, but we still ask everyone to remember the PARA mnemonic. At its core our advice remains, use appropriate **P**PE, **A**void any patient contact/exposure except for emergencies (the key is excellent remote triage by phone/video), **R**estrict any emergency exposure to the fewest number of the most appropriate/experienced personnel to undertake any assessment/treatment, and **A**bbreviate any assessment/treatment to the minimum duration possible (including reviews) by a well organised clinic (well practiced, well planned expertly delivered care).

Updated PPE advice from Public Health England – some movement but not enough yet

The latest advice from Public Health England has moved towards our recommendations, but not quite far enough as yet related to Aerosol Generating Procedures (AGP). In discussions with PHE, they acknowledge that there is much around COVID that is unclear including risks around community transmission and asymptomatic carriers having oral/nasopharyngeal treatment/examination. They accept that all their advice is about risk reduction and not risk avoidance. Finally they stress that their guidance is just guidance, not 'rules'. Clinical judgement should still be applied in the context of risk and its avoidance.

PHE guidance for doctors and dentists is a minimum not a maximum

For example, in non-clinical areas where 2 metre social isolation is expected, no special precautions should be needed. However, to allow for patients doing the unexpected or recognising a staff member with increased risk, a surgical face mask might be felt to be appropriate e.g. at a reception desk with no screen.

PPE is not just about the mask!

Practicing safely requires planning, preparation, practice and usually written standard operating procedures (SOPs). The stakes are high, and we are not just 'doing what we normally do'. Consider the clinical area/room, its ventilation, the route for patients into and out of this clinical area, and remember the fallow time needed after AGPs. Book and time appointments to minimise waiting. Ensure post-procedure cleaning routines are both efficient and thorough.

Consider what level of risk is appropriate e.g. higher risk/compromised patients and/or clinicians

Just as there are some types of examination or procedure for which a clinician might 'double glove', similarly there may be patient or clinician categories where an FFP3 mask should be worn to reduce the risk of transmission in one direction or another. This might include sessional use and also the option of a "re-usable respirator" with appropriate decontamination between use.

Tracheostomy

There are published guidelines for Tracheostomy in COVID patients on the BAOMS and ENT UK websites. We thought it would be worth summarising a few key bullet points:

- Decisions regarding tracheostomy provision should be multidisciplinary – both whether to operate and percutaneous v surgical.
- COVID Tracheostomies are never 'Routine'. There is risk for the patient and the theatre team.
- There are advantages to focussing anaesthetic and surgical skills into small efficient teams.
- Reducing aerosol risk requires a talk through practice, a step-by-step protocol, and skilful surgery and anaesthetic. There is often bloody coagulum above the balloon in the trachea.
- Their role is most clear in patients who are recovering from COVID on an upward curve (day 10 onwards) rather than early intervention in seriously deteriorating patients.
- Some larger ET Tubes have been very adherent due to laryngo-tracheitis. Check the tube can move before opening trachea and also consider ceasing ventilation until tube is in place and cuff inflated.
- Stopping ventilation at key points is essential to reduce aerosol generation.
- More details: BAOMS www.baoms.org.uk and ENT UK (www.entuk.org)